

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019510

FILING DATE

APPLICANT(S)

12/21/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		⑦		⑦		
5	1		1			
6		1		1		
7		2		2		
8		2		2		
9	1		1			
10		1		1		
11	1		1			
12		1		1		
13		2		2		
14		⑦		⑦		
15	1		1			
16	1		1			
17	1		1			
18		⑦		⑦		
19				1		
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49						
50						
TOTAL IND.	7		7			
TOTAL DER.	16		17			
TOTAL CLAIMS	23		24			

	IND.	DER.	IND.	DER.	IND.	DER.
61						
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy